



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

<b>Agency:</b>	H.A.S., Inc.	<b>Region(s):</b>	6
<b>Agency Type:</b>	Res Hab	<b>Investigation Dates:</b>	05/26/15
<b>Certificate(s):</b>	RHA-5361	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full <input checked="" type="checkbox"/> N/A – Complaint

<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction</b> (Please refer to the Statement of Deficiencies cover letter for guidance)	<b>Date to be Corrected</b> (mm/dd/yyyy)
<b>16.04.17.301.03. Personnel Records.</b> A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: (3-29-12) i. Evidence of current CPR and First Aid certifications; and	One of six employee record review lacked documentation the employee maintained CPR certification from date of hire.  For example: Employee 3's record lacked documentation of CPR training. The employee's date of hire was 05/05/15.	<i>1. All employees will not be allowed to work with participants unless they obtain and maintain current CPR/1st Aid certifications. 2. The agency will conduct a review of all staff files to verify current certifications as though all participants/staff are affected. Although there is no evidence of participant risk due to the citation, the agency will urgently address the deficiency. 3. The agency will monitor the compliance upon employee hire, through the agency quarterly QA program, and ongoing.</i>	7/31/2015



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		<i>4. The administrator or designee</i>	
<p><b>16.04.17.301.03. Personnel Records.</b> A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: (3-29-12)</p> <p>j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p>	<p>One of six employee record review lacked verification of satisfactory completion of criminal history check per rule requirements.</p> <p>For example: Employee 1's self-declaration was signed and notarized on 05/01/15 and was not fingerprinted until 05/26/15, which is out of compliance with the CHC rules as it was not completed within 21 days. Employee 6's self-declaration was signed and notarized on 03/06/15; the finger prints were not completed until 04/03/15 which is not within the rule requirements of 21 days. The employee worked 03/28/15 and 03/29/15 which was out of compliance with the CHC rules.</p>	<p><i>1. All employees will not be allowed to work with participants unless they obtain and a rule-compliance criminal history and background check. The agency will develop a mechanism to monitor the 21 day requirement and remove all staff from the schedule who have exceed the time frame.</i></p> <p><i>2. The agency will conduct a review of all staff files to verify current certifications as though all participants/staff are affected. Although there is no evidence of participant risk due to the citation, the agency will urgently address the deficiency. Whenever possible, the agency will not allow employees to use the ISP background check process, but, instead, require all employees to obtain new IDHW background checks upon hire to more easily monitor time requirements and coordinate the removal of staff from</i></p>	7/31/15



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		<i>schedules if necessary. 3. The agency will monitor the compliance upon employee hire, through the agency quarterly QA program, and ongoing. 4. The administrator or designee</i>	

<b>Agency Representative &amp; Title:</b> Robynn Howell, RN <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 7/20/2015
<b>Department Representative &amp; Title:</b> Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	<b>Date Approved:</b> 7/23/2015